

BERGENFIELD PUBLIC SCHOOL DISTRICT

100 South Prospect Avenue Bergenfield, New Jersey 07621 201-385-8202

This is a LEGAL DOCUMENT. The information which you will provide will be used by the Bergenfield Public School District to determine whether the pupil is entitled to a free education in this school district. Please answer each question.

This affidavit is made in compliance with provisions of NJSA 18A:38-1 as amended and is being executed and delivered to the Superintendent of Schools of the Bergenfield Public School District for the specific purpose of inducing the District to permit the pupil named herein to obtain a free education in the public schools of the Bergenfield Public School District. I understand that the Bergenfield School System will rely on the truth of the statements made in this document. I also understand that I may be required to produce documents and/or records to demonstrate the truth of the statements I will make in this document.

I also understand that false execution of this affidavit is an offense punishable by civil and/or criminal law, and that if I provide false information, I could be held liable for payment of tuition at a cost of \$ _____ annually for the full period of Illegal attendance by this pupil.

PARENT AFFIDAVIT OF LEGAL RESIDENCE AND PUPIL DOMICILE

STA	TE OF NEW JEI	,				
COU	INTY OF BERG	: ss. EN)				
	[Parent's Name]	, of full age	e, being sworn upon his/her oath ac	cording to law, deposes and says		
1.	I am executing provide a free of	-	ecific purpose of inducing the Berge ghter whose name is:			
2.		•	d affirm that I am not an occasio			
			County:			
3.	Check either a or b below:					
	a.	I own that residence	e, and I have attached a true cop	by of the Deed.		
	b.	I rent or lease that residence, and I have attached a true copy of the lease. If I do not have a lease, I have attached a notarized statement from the owner of this residence which confirms that I am renting or leasing this residence for my domicile.				
	c.	Other (Please expla	nin below):			

	House Number & Stree	iblic School District.						
	City/Town/Boro:	t i vaine.	County:	State:				
	Telephone #:							
5.	My son/daughter who is	s named above:						
	a. will live with me at this address during the school year. Phone #							
	b. will live with me at another address during the school year. (If you checked this item, write the other address below):							
	c. will live wit	h me at this address du	ring the summer.					
	d. will live with me at another address during the summer. (If you checked this item, write the other address below.)							
This	student has successfully co	empleted grade	(Transcript	is required)				
6.	SCHOOL ATTENDANCE INFORMATION							
	This student, in whose l	•						
	a. Name of School:							
	b. Address of School: _							
	o Citru							
				Zip:				
	d. Country:							
7.	d. Country:SIGNATURE OF PAREN	VT COMPLETING THIS	AFFIDAVIT.					
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